Foster Family Home - Corrective Action Report

Provider (D;	1-563230			at it was		
Home Name:	Consolac	ion L	apitan, LPN	Review ID:	1-563230-7	•
1452 Alani Street	:			Reviewer:	•	,
Honolulu		Н	96817	Begin Date:	1/5/2017	End Date: 2/6/2017
Foster Family	Home	Re	equired Certific	ate		[17-1454-6]
6.(d)(1)	Comply			irements in this cha	apter; and	
Comment:	• • • • • • • • • • • • • • • • • • • •			•••••	•••••	
6 (d)(1) Home v corrective action	risit made n plan due	on 1/ to C	5/2017 for a 2-b TA on 2/5/2017	ed recertification	. Corrective	action report issued during home visit with
6 (d)(1) see app	licable se	ctions	of this review.			
Foster Family	Home	Pe	ersonnel and S	taffing		[17-1454-41]
41 (b)(7)	Have a	curren	t tuberculosis clea	arance that meets	department of	f health guidelines; and
41.(c)	The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.					
41.(f)	The prin	nary ca that	aregiver shall mai they have current	ntain a file on all ac	dult household	d members who are not substitute caregivers with
Comment:	******		• • • • • • • • • • • • • • • • • • • •		• • • • • • •	
41.(b)(7) and 4	l.(f) No cu	rrent	TB clearance fo	r CG#2 and HH	/ #1	
41.(c) No Annua	l Training	hours	for CG#1 and	CG#2		
						~
	Complia	ance	Manager			Date
	0	A	ise a	<u>-</u>	_	
	Primary		7.4		······································	01-05-17

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WRITTEN PLAN OF CORRECTON

FEBRUARY 4, 2017

41. (b)(7) CG #2. 010 HER TB CLEARANCE ON JANUARY 13,2017.

41. (b)(5) HAM THE OID HIS TO CLEARANCE ON VANUARY 10,2017.

PLAN OF CORRECTION:

- (1) WRITE A REMINOUR IN THE CALENDER A NONTH PRIOR TO DUE DATE.
- Q MAKE AN ORGANIZER NOTEBOOK & LIST ALL THE ONE OATES OF ALL THE REQUIREMENTS.
- 41. (c) CG#1 HAD HER TRAINING, A TOTAL OF 12 HOURS ON TAMMARY 9, 16, 23 9 30 2017.

CG#2 HAD HER TRAINING , A TOTAL OF 8 HOURS on JANUARY 9, 16, 23 & 30 20A.

PLAN OF CORRECTION:

- DICHEOUR in HOUSE TRAINING W/ SUBSTITUTE Q1/ YEAR ROWN D & MAKE SURE TO MEET 911 TAJE HOURS NEEDED.
- @ ORGANIZER NOTEBOOK UPOATE ALL THE REQUIRENIENTS A MONTH PRIOR TO CA VISITS.

OHTE: FEBRUARY & 2017
CARDIAL—
CARDIALIM TUREVIC LAPITAN
1452 ALANI ST. HONDULU HAWATI 96817
FAX-#